Massachusetts Board of Registration in Pharmacy
250 Washington Street
Boston, MA 02108-4619
Tel: 617-973-0960
Fax: 617-973-0980
TTY: 617-973-0988
pharmacy.admin@mass.gov

Change of Pharmacy Hours

Name of Pharmacy_____ License No._____

Street Address _____

City/Town _____ State_____ Zip Code _____-____

Tel. No. _____ E-mail_____

Days	Open	Close	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total hours per week			

Please describe how a patient may contact a pharmacist for questions or refill their prescription when the pharmacy is closed.

_____

Signature of Manager of Record or Duly Authorized Representative

_____ **Date**_____

Print Full Name